

U.S. DEPARTMENT OF ENERGY
2006 National Science Bowl®
Student Confidential Medical Information and Emergency Notification Form
(Please fill out the entire 2-page form)

School _____

Name _____ Birth Date _____ Sex: M _____ F _____

Street Address _____

City _____ State _____ Zip Code _____

Home Telephone () — _____ SS — — _____

Date of Last Tetanus Shot: _____

Yes	No		If Yes, explain
—	—	Allergies	_____ _____
—	—	Surgeries	_____ _____
—	—	Food Allergies	_____ _____
—	—	Vegetarian	_____ _____
—	—	Physical Needs	_____ _____
—	—	Visual Limitations	_____
—	—	Prescribed Medications	_____ _____
—	—	Over-the-Counter Medications	_____ _____
—	—	Recent Illness	_____ _____
—	—	Health Insurance	_____

IF YES PLEASE FILL IN INFORMATION BELOW

HEALTH INSURANCE

<u>Physician</u>	<u>Contact</u>	<u>Insurance</u>
_____	Name _____	_____
() _____	Phone () _____	_____
	Policy # _____	_____

CONTACT INFORMATION

<u>Primary</u>	<u>Contact</u>	<u>Secondary</u>
_____	Name _____	_____
() _____	Phone () _____	_____
() _____	Cell Phone () _____	_____
_____	Relationship _____	_____

CONSENT TO MEDICAL CARE AND TREATMENT

(Parental consent is required before a hospital's emergency department can give medical treatment to a minor. Every effort will be made to contact parents, but a completed consent form will expedite treatment.)

I hereby authorize and consent to the administration of all medical and/or surgical treatment(s) to my child by a licensed physician, nurse or hospital in the event I am not available to consult with the attending physician(s), attempts to contact me have been unsuccessful, and the attending physician(s) deem it advisable to proceed with such treatment(s).

(Print Name of Parent or Legal Guardian)

(Print Name of Student)

_____ **Date** _____
(Signature of Parent or Legal Guardian in Blue Ink)

NO FAX COPIES